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Bib Data Sheet

CONFIRMATION NO. 1721

<b>SERIAL NUMBER</b> 10/034,428	<b>FILING DATE</b> 12/27/2001 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> <del>2643</del> 2612	<b>ATTORNEY DOCKET NO.</b> P638	
<b>APPLICANTS</b> Jules Olita, Blue Bell, PA; Owen Medd, Newtown, PA; Wesley Sheridan, Chalfont, PA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/18/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Armand M. Vozzo, Jr. Suite 117 350 South Main Street Doylestown, PA 18901					
<b>TITLE</b> Helmet-mounted thermal imaging system					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		